

FECAL ANEMIA.

The *New York Medical Record* says:—

This is a title of a paper read recently by Sir Andrew Clark before one of the London societies. The essential ideas expressed were not new, but their grouping was somewhat novel. Under the heading of fecal anæmia, the writer discussed the question of anæmia occurring in young girls about the time of the establishment of menstruation. We have usually been taught to regard these blood-changes as due to the very systemic disturbance incident to the inauguration of a new and most important function. We have recognized the exciting causes as well. On these general grounds we have been content to let the matter rest. Sir Andrew Clark takes up one aspect of the case, and elaborates therefrom a novel and highly probable theory. He alludes to the profound mental and emotional changes occurring in the female sex at the time of puberty. The young girl, who has been only a creature full of mere animal spirits, becomes shy and retiring. Questions of personal physiology force themselves upon her. She shrinks from the contemplation even of matters relating to the hygiene of the pelvic organs, much more from their performance. The importance of regular evacuations is not recognized, and, unless friendly maternal counsel is at hand, she speedily becomes the victim of obstinate constipation. However great the bodily discomfort therefrom may be, she suffers in silence, not daring to ask for relief. As a result of this perversion, or, rather, abeyance of function, the system speedily becomes clogged, effete materials accumulate in the bowels, and there remaining they undergo chemical change. Poisons of the ptomaine and leukomaine classes are formed. These are absorbed into the circulation, and set up a form of systemic infection. This runs a slow chronic course, evincing its presence in the usual clinical picture of paleness, headache, dyspnoea, palpitation, dyspepsia, and the other customary features of anæmia. The old idea made constipation simply one feature of its condition; the new makes it the direct cause. Of course all cases of anæmia cannot be brought under this category, nor does Sir Andrew Clark make any such claim. Experience shows, however, the correctness of his views in a large proportion of cases. The marked relief that follows from a thorough cleaning out of the bowel is a matter too well known for more than mention. It ensues even before any

blood-forming tonics are given, and often the patient seems to improve about as rapidly without as with the latter. The constant absorption of poison being checked, nature regains the upper hand, and the vital machinery once more runs smoothly.

It is in such cases as these that excellent results have been obtained by the use of cascara. This drug is distinctly a tonic-laxative, of which the dose can be gradually reduced instead of increased, as is usually the case with laxatives. It restores the normal vitality of the muscular fibre of the gut, exhausted by over distention.

TURPENTINE IN DIPHTHERIA.

A recent number of the *New York Medical Record* says:—

We have, on several occasions, referred to the use of turpentine in diphtheria. Recommended originally in Germany, and claimed to be almost a specific, it was there, also, that the employment of the drug was subjected to the most severe criticism. Some recent publications have again drawn attention to the alleged value of this substance, and most remarkable among these is an article by Dr. Roese, which appeared in the *Therapeutische Monatshefte*. The author asserts that he has employed turpentine in diphtheria for the past four years. In that time he lost only five cases out of sixty that came under treatment. Two of the fatal cases concerned infants one year old, who appeared moribund when first seen, and died a few hours later. The other fatal cases were also unusually severe from the start, two dying in thirty-six hours, and one surviving five days. This is certainly a noteworthy record, as diphtheria statistics go.

The oil of turpentine was administered in drachm doses, three times a day. Sweet spirits of nitre was used as a corrective, in the proportion of one part of the spirits to of fifteen of the turpentine. Symptoms of intoxication were never observed by the author. In addition to the turpentine, a two per cent. solution of sodium salicylate was given every two hours, in tablespoonful doses. A gargle of chlorate of potash solution was likewise employed whenever possible. Under this plan of treatment rapid amelioration of local signs and constitutional symptoms was observed.